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CONFIRMATION NO. 8281

Bib Data Sheet

SERIAL NUMBER 10/691,876	FILING DATE 10/22/2003 RULE	CLASS 016	GROUP ART UNIT 3676	ATTORNEY DOCKET NO. 706368US1
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APPLICANTS

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** CONTINUING DATA *None/m*** FOREIGN APPLICATIONS *None/m*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>Mh</i>	Examiner's Signature	Initials	MI	7	9	2

ADDRESS

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TITLE

Double pivot concealed hinge

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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